

ANY RECORD
for each, and the number of each.

N.B.—In case of more than one child at a birth, a SEPARATE
order shall be filed.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 177

Local Registrar's No. 25

1. PLACE OF BIRTH

County Sila

State

District or Township

or Village

City

Hayden

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

SL

Ward

2. Full name of child

Otilia Sanchez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

5. No. in order of birth

Mar 15 1929

Full name

FATHER

Luis T. Sanchez

14.

MOTHER

Full maiden name

Palmer Plara

9. Residence

(Usual place of abode)

Hayden

15. Residence

(Usual place of abode)

Hayden

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mex

11. Age at last birthday 39 (Years)

16. Color or race

Mex

17. Age at last birthday 28 (Years)

12. Birthplace (city or place)

San Antonio

(State or country)

Mexico

18. Birthplace (city or place)

Fourbanks

(State or country)

Ariz

13. Occupation

Nature of industry

Labour

19. Occupation

Nature of industry

House wife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmic neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 11:00 a.m. on the date above stated.

Signature

Charles B. Sturges

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Physician or midwife)

Month, day, year

Address

Hayden Ariz

Registrar

Filed

Mar 17 1929

19.29

W. J. Sturges

Registrar

622-315-181